LOS ANGELES COUNTY COMMISSION ON HIV

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JOINT PREVENTION PLANNING COMMITTEE (PPC)/ COMMISSION ON HIV MEETING MINUTES

March 7, 2013

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT (*Cont.*)	PPC MEMBERS PRESENT	PPC MEMBERS ABSENT
Carla Bailey, *Co-Chair*	Mario Pérez	Michael Green, *Gov. Co-Chair*	John Copeland
Michael Johnson, *Co-Chair*	Gregory Rios/Terry Goddard	Anthony Gutierrez, *Com. Co-Chair*	Trevor Daniels
Sergio Aviña	LaShonda Spencer	Ricky Rosales, *Com. Co-Chair*	Michelle Enfield
Al Ballesteros	Carlos Vega-Matos	Sophia Rumanes, *Gov. Co-Chair*	Heather Grant
Cheryl Barrit	Fariba Younai	Juli-Ann Carlos-Henderson	Brian Lew
Christopher Brown		Aaron Fox*	Victor Martinez
Whitney Engeran-Cordova		David Giugni*	Enrique Topete
Lilia Espinoza	**COMMISSION MEMBERS ABSENT**	Grissel Granados	Kathy Watt*
Aaron Fox* (JPP Co-Chair)		AJ King	Timothy Young
Douglas Frye	Vivian Branchick	Jill Rotenberg	
David Giugni*	Anthony Braswell	Milton Smith	
Joseph Green	Joseph Cadden	Terry Smith	**COMMISSION CONSULTANTS/STAFF**
Thelma James	James Jones		
David Kelly	Ayanna Kiburi		Dawn McClendon
Lee Kochems	Anna Long	**DHSP STAFF**	Emily Gantz McKay
Brad Land	Elizabeth Mendia	Kyle Baker	Jane Nachazel
Ted Liso/Jim Chud	Karen Peterson	Elizabeth Escobedo	Glenda Pinney
Abad Lopez	Juan Rivera	Cheryl Williams	James Stewart
Jesse Lopez	Stephen Simon	Juhua Wu	Craig Vincent-Jones
Jenny O'Malley	Tonya Washington-Hendricks	Dave Young	Nicole Werner
Angélica Palmeros	Kathy Watt*	Paulina Zamudio	
PUBLIC			
Erin Adams	René Bennett	Traci Bivens-Davis	Efrew Chavez
Chris CiFuentes	Zoyla Cruz	Cesar Cuadra	Cynthia Davis
Oscar De La O	Lawrence Fernandez	Dahlia Fertilo	Marie Franois
John Forbes	Susan Forrest	Maureen Garcia	Shawn Griffin
Kimler Gutierrez	Miki Jackson	Uyen Kao	Jeffrey King
Kim Kisler	Luke Klipp	Faith Landsman	Joseph Leahy
Mia Mays	Ismael Morales	Laura Ramos	Maeda Riat

PUBLIC (*Cont.*)			
Gilbert Rodriguez	Tania Rodriguez	Martha Ron	Natalie Sanchez
Raquel Sanchez	Shashanna Scholar	Aarow Shadowk	Fr. James Steele
Harold Sterker	Taneshe Thompson	Brigitte Tweddell	Albert Vasquez
Elaine Waldman	Shy Li Wang	Kevin Weiler	Jason Wise

*** Indicates dual Commission and PPC membership**

1. **CALL TO ORDER**:
   - **A. Welcome**: Mr. Johnson opened the meeting at 9:20 am and welcomed attendees to the meeting. Mr. Rosales added these are among the first steps in the multiple-step unification process.
   - **B. Roll Call** (**Present)**:
     - *Commission*: Aviña, Bailey, Ballesteros, Barrit, Engeran-Cordova, Fox*, Frye, Giugni*, Joseph Green, James, Johnson, Kelly, Land, Liso/Chud, Abad Lopez, Jesse Lopez, Palmeros, Pérez, Rios, Spencer, Vega-Matos, Younai
     - *PPC*: Carlos-Henderson, Fox*, Giugni*, Granados, Michael Green, Gutierrez, King, Rosales, Rotenberg, Rumanes, Milton Smith

2. **APPROVAL OF AGENDA**: The agenda was approved, as presented.

3. **PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP**:
   - Ms. Landsman, Director, HIV Research Study Volunteer Project (RSVP), University of California at Los Angeles (UCLA), said there are over 200 investigators in HIV research at UCLA, but it is not well known. RSVP launched 11 months ago to allow potential study volunteers to sign up online or with a paper form in English or Spanish. Other website information is now in English, but Spanish will be added within two months. RSVP contacts database members at least bi-annually.
   - Volunteers are wanted who are: HIV+ or HIV-; men and women, transgender men and women; and people mono-infected with Hepatitis C. Researchers are also using the database for Lupus and Alzheimer's disease studies. Approximately 300 people are currently in the RSVP database. Cards were on the resource table. The website is www.hivrsvp.ucla.edu.
   - Mr. Gutierrez, Co-Chair, Asian Pacific AIDS Intervention Team (APAIT) Ad-Hoc Committee, and Chair, Asian Pacific Policy and Planning Council noted the LA County 2013-2017 Comprehensive HIV Plan (CHP) listed Asian/Pacific Islanders (A/PIs) as a population of interest. He hoped that presaged more funding to monitor API HIV. The prior Plan did not address APIs. A/PI covers 49 countries and hundreds of ethnicities and languages. CDC guidelines provide recommended interventions especially critical for those not fluent in English. The A/PI population is in solidarity with the American Indian/Alaska Native (AI/AN) community which faces similar issues. Historically, unaddressed populations become the next epicenter.
   - Fr. Steele, Chief Executive Officer, Mysteries Of Spiritual Awareness In Communities (MOSAIC), Inc., said MOSAIC, Inc. is a collaboration of world faith groups that works with Christian, Buddhist, Hindu and Jewish congregations. MOSAIC, Inc. is also providing an HIV post-incarcerated assistance network in collaboration with the University of Southern California (USC), Keck School of Medicine, Pacific AIDS Education and Training Center (PAETC) and the Center for Health Justice. He hoped to collaborate with the Commission in overcoming barriers of stigma between world faith groups and the HIV community.

4. **COMMISSION/PPC COMMENT, NON-AGENDIZED OR FOLLOW-UP**:
   - Milton Smith announced a LGBT Safe Schools Initiative Train the Trainer, 6/6-8/2013, sponsored by the Gay, Lesbian and Straight Education Network (GLSEN), funded by CDC, in collaboration with the Los Angeles Unified School District (LAUSD), HIV/AIDS Prevention Unit; Connect to Protect Los Angeles (C2PLA); and the Los Angeles Gay and Lesbian Center (LAGLC). The free event is an opportunity to partner with LAUSD on sexual health and LGBT issues.
   - Ms. Granados announced the first National Youth HIV/AIDS Awareness Day will be 4/10/2013. C2PLA will distribute a media package in the community to help agencies connect with youth online and information about local events.
   - Ms. Rotenberg, JWCH Institute, said the SPA 4 Service Provider Network meets the third Thursday of the month. The next meeting will be 3/21/2013, 12:00 noon, at the AIDS Research Alliance. For information call her at 213.484.1186, x 3029.
   - Mr. Kelly said Life Group LA is hosting a POZ Weekend on 4/13-14/2013 in Long Beach. Register at www.thelifegroupla.org.
   - Mr. Fox reported contestants on RuPaul's Drag Race sang "Can I Get an Amen." LAGLC supporters can download the song from iTunes and a portion of the proceeds will go to support LAGLC Homeless Youth Programs.

5. APPROVAL OF MEETING MINUTES:

A. January 10, 2013:

MOTION 1: Approve meeting minutes from January 10, 2013, as presented ***(Passed by Consensus)***.

6. COMREHENSIVE HIV PLANNING (CHP) TASK FORCE REPORT:

A. Los Angeles County 2013-2017 Comprehensive HIV Plan:

- Dr. Michael Green noted a draft was released in January 2013 for public comment. Seven comments were received and incorporated where possible. Updated epidemiology data and tables were also included.
- Once approved, the Plan will be forwarded to HRSA and CDC to replace the Comprehensive Care Plan and the HIV Prevention Plan, respectively, now on file.
- Revisions will begin in two to three months. It was felt comments from those working with the transgender community deserved consideration by the entire Task Force, so it will be discussed then. Additional data will also be discussed.
- He praised Clare Husted, the Task Force and staff for one of the most comprehensive integrated plans in the country.

MOTION 2: Approve the Los Angeles County 2013-2017 Comprehensive HIV Plan, as revised from public comment and presented ***(Passed by Consensus)***.

B. Planning Body Unification:

- Ms. Gantz McKay, Consultant, noted several jurisdictions are trying to integrate planning bodies, but the Commission and PPC are ahead of most and have some advantages, e.g., a common service area. The process has been structured, careful and thoughtful. HRSA has requested Ms. Gantz McKay to relay lessons learned to inform other jurisdictions.
- Terry Smith reviewed "Roles, Responsibilities, and Functions of the Proposed Unified Planning Body for Los Angeles." The 10-point overview includes two notes that frame the whole. First, addressing stigma and discrimination should be integral to all the unified planning body's roles. Second, the new body will need to develop terms and definitions common to both prevention and care, e.g., redefining consumer to include prevention. The 10 points are:
  1. Assess needs with specific attention to the changing health care system and its implications to the continuum of HIV services across prevention, counseling/testing, care and treatment. Assessment includes epidemiological data and trends, service needs and barriers for various populations, provider capability/capacity and service gaps.
  2. Create a comprehensive HIV plan, as just approved, with revisions as needed to be a "living document."
  3. Systems planning for the continuum of HIV services including HIV-specific and non-HIV-specific services and their providers that includes both learning from providers and educating them.
  4. Allocate resources for HIV services including setting priorities within funder parameters, allocating resources for priority categories or types of activities, and providing grantee guidance on how to best meet service needs.
  5. Comprehensively address public policy issues including analyzing, proposing, educating, advocating and monitoring identified local, state and national HIV-related issues.
  6. Proactively communicate by informing, educating and disseminating information to consumer target populations (HIV+, HIV- and unknown status), providers, the general public, and policy makers including putting "best practices" in the plan, working with AETCs and arranging training and technical assistance to build knowledge and capacity.
  7. Provide standards of care by developing and updating standards for prevention, testing and care, and encouraging their adoption beyond CDC- or Ryan White-funded HIV providers.
  8. Ensure evaluation of the continuum of HIV services. including evaluation of funded services, self-assessment of the planning body, and assessment of the administrative mechanism for prevention and care.
  9. Serve as a listening body for the population being served by seeking input from diverse individuals and groups.
  10. Manage internal operations such as staffing, grievance procedures, conflict of interest policies, other policies and procedures, and membership recruitment/screening, including a strong focus on supporting the membership and providing opportunities for training and personal professional growth.
- Mr. Giugni asked about the "evaluation of funded services." Mr. Vincent-Jones replied the phrase is from the County Code. The Commission's specific role is to evaluate service effectiveness at the service category, not provider, level. The role of the unified planning body will be developed at a later date.
- Terry Smith reviewed "Proposed Structures for the Los Angeles Unified HIV Planning Body." The entity will be the official County Commission, as defined by County Code 3.29, named the Los Angeles County Commission on HIV, to address HIV prevention including counseling and testing, HIV care and treatment, and STDs and other co-morbidities such as homelessness, substance abuse and mental health issues as they intersect with HIV.

- Meetings will be open to the public and covered by the Brown Act. They will be monthly, with at least 10 annually.
- There will be two Co-Chairs with one required to be HIV+ and best efforts to ensure the Co-Chairs jointly reflect the County's diverse HIV epidemic. The membership will elect Co-Chairs to two-year staggered terms and may re-elect a Co-Chair at its discretion. One initial Co-Chair will have a one-year term to accomplish staggered terms going forward. Elections will be in August for terms starting in January. A new Co-Chair Elect may be mentored in the interval.
- There will be 51 membership seats with two-year staggered terms, of which half will expire each year. Seats are:
  - Five recommended by governmental entities for Medi-Cal, State of California; cities of Long Beach and Pasadena (because they have independent health departments); and cities of Los Angeles and Hollywood [because 10% of PLWH in the Eligible Metropolitan Area (EMA) live in those cities].
  - Director, DHSP, as DHSP is the CDC prevention and Ryan White (RW) Part A funding grantee.
  - Four recommended by grantees or representative groups of EMA grant recipients representing RW Part B, State Office of AIDS (OA); Part C, grantees; Part D, grantees; Part F, AETCs, local medical or dental schools or local providers receiving dental reimbursements.
  - Eight recommended by organizations including providers, and selected to ensure geographic diversity and the local epidemic's epicenters, Including: 1) an HIV specialty care physician from an HIV medical provider, 2) a representative of a Community Health Center/ Federally Qualified Health Center (CHC/FQHC), 3) a mental health provider representative, 4) a substance abuse treatment provider representative, 5) a housing provider, 6) a representative of a provider of homeless services, 7) a representative of an AIDS Services Organization (ASO) offering federally funded HIV prevention services, and 8) a representative of an ASO offering HIV care and treatment services.
  - One representative of Housing Opportunities for Persons With HIV (HOPWA), recommended by the City of Los Angeles Department of Housing (LADH) who may be a funded provider or LAHD administrator.
  - One representative of a health or hospital planning agency, recommended by health plans in Covered California.
  - One behavioral or social scientist, recommended by their respective professional communities.
  - Eight representatives of HIV stakeholder communities representing one or more categories, as noted, depending on identified issues and needs: faith-based representative engaged in HIV-related activities, business, local elementary or secondary education agency, labor, employment and training, youth or youth-serving agency, other federally funded HIV programs, research, HIV- individuals from high-risk or special populations, harm reduction.
  - Five representatives of the Board of Supervisors, with one recommended by each supervisorial office.
  - 17 unaffiliated/unaligned consumers of Part A services (not employees, consultants or board members of funded providers) to include: eight to represent each SPA, recommended by consumers and/or organizations within the represented SPA; five to represent each supervisorial district, recommended by consumers and/or organizations within the represented district; four serving in at-large capacities. This category may include fewer than 17 if Part A legislative requirements are met via other categories, such that 33% of voting members are unaffiliated consumers including one co-infected with Hepatitis B or C, one recently incarcerated or serving as an advocate for the recently incarcerated, and one non-elected community leader. Consumers and other members often reflect the latter category.
- Both unaffiliated consumers and the body as a whole will be representative/reflective of the EMA's epidemic considering race/ethnicity, gender, sexual orientation, age, and including representatives of specific target populations at risk for or disproportionately affected by HIV, and representatives from the eight SPAs, five supervisorial districts and areas with high HIV and STD incidence/prevalence.
- Members who have disclosed that they are HIV+ may choose to have an alternate member appointed by the Board. Alternates may attend meetings and vote in the absence of members they are representing. They are expected to participate in orientation/training, and meet member representation/reflectiveness requirements.
- RW requires an open nominations process for all members. Planning body recommendations go to the Board for appointment. A Task Force work group is developing an open nominations plan, process and tools such as applications that will be reviewed by the Task Force and forwarded to a Joint Commission/PPC meeting for approval. No seats will automatically carry over from current bodies to the new body, but current members may apply.
- The five committees and their major responsibilities are:
  - **Executive**: coordination, emergency action between planning body meetings, assessment of body.
  - **Priorities, Planning and Allocations (PP&A)**: needs assessment; develop/update/monitor implementation of CHP; set service priorities within legislation/guidance, allocate resources to priorities, monitor expenditures and reallocate as necessary.

- **Standards and Best Practices (SBP)**: develop/update standards of prevention, testing and care; systems planning; market standards to non-funded providers; link to quality management; document "best practices"; evaluate outcomes and effectiveness of services.
- **Public Policy (PP)**: analysis, proposals, education, advocacy and monitoring around HIV issues (supported by other than Ryan White funds.)
- **Operations**: membership recruitment/screening, member orientation/training, provide opportunities for personal/ professional growth; policies and procedures.

- All planning body members will serve on at least one committee. The County requires committee members to be either planning body members or appointed by the Board. The planning body will nominate non-members (community members) as appropriate.
- Committees will have two co-chairs of equal status elected by the committee membership at the start of the calendar year to one-year terms. Co-chairs may be re-elected.
- The Executive Committee will include the Commission Co-Chairs, standing committee co-chairs, the Director of DHSP or his/her permanent designee, and up to three At-Large members elected by the planning body.
- Caucuses are established by the planning body as subsets of Commission members from a "special population" important to the Commission's work. They continue as needed, are largely independent, and are less formal than a committee. They are not covered by the Brown Act if less than a majority of planning body members. Appropriate orientation and training should be provided. HRSA expects a PLWH committee or caucus. The current Consumer Caucus may need to be renamed, e.g., Positives Caucus, since the "consumer" definition will be extended to HIV-negative prevention service users. The planning body will consider a caucus for those at-risk. The Latino Caucus will continue.
- Task forces are established by the planning body to address a specific issue or need and may be ongoing or time-limited. They are not covered by the Brown Act if less than a majority of planning body members. Appropriate orientation and training should be provided. The structure will include a Community Engagement Task Force working closely with standing committees for community outreach, a listening body, and communicating externally to disseminate information, and community education targeting consumers, providers, stakeholder groups and the public.
- Work groups are established by the planning body and/or its committees to complete a specific task and develop a defined product in a limited time. Members should receive orientation and be aware of the completion timeline.
- Policies and procedures of current bodies will be reviewed and a list made of existing and needed policies/procedures to be refined or developed for the unified planning body. Priorities will include Grievance and Conflict of Interest Policies and Procedures required by HRSA legislative requirements.
- The body is expected to have staff supported by RW and prevention program funds. The Commission and DHSP, with other County departments, as needed, will address resources and staffing. The current Commission budget equals 3% of the Part A grant from the 10% administrative cap and includes RW and Net County Costs (NCC). The planning body can see its budget and provide input on use of funds, which must meet County and funding agency requirements.
- Mr. Land felt a woman should be required for one planning body co-chair as that population is often marginalized. Ms. Bailey agreed. Mr. Rosales noted extensive discussion about a diverse leadership. Mr. Vincent-Jones added the Commission now requires a "preference for gender diversity." That language will be incorporated in the Bylaws.
- Mr. Pérez felt 51 members large especially to address reflectiveness. DHSP works to address issues comprehensively including HIV and STDs, but also Hepatitis, housing, addiction and mental health. He felt the structure remains siloed He sought some seats to reflect client complexity, e.g., those living with or at risk of HIV and STDs with co-morbidities.
- He added disease clusters do not always follow supervisorial district and SPA boundaries in the County. He suggested representation for disease clusters instead and increased representation for university researchers to encourage relevant research, distill information developed in university-based research settings and translate it into practice.
- The Affordable Care Act (ACA) is rolling out with California's pilot program. CHCs, FQHCs, the Department of Health Services (DHS) and the Department of Mental Health (DMH) will play an increasing role in HIV, STD, Hepatitis and mental health services to County clients, including those whose services have traditionally been planned by the Commission.
- Mr. Gutierrez said the Task Force worked to reduce silos and, in particular, discussed STDs. There was general agreement to address STDs at their intersection with HIV. There is no current planning body for STDs so comprehensive planning will require extensive work and many more seats. Mr. Vincent-Jones added current STD planning is very different from care and prevention. The proposed Code will allow the discussion to begin and grow concurrent with its relevance.

- Mr. Pérez applauded integration of HIV prevention and care planning. DHSP does not want to delay that, but he is concerned the County has no community-based planning for the growing STD epidemic. It is at a new high of 60,000 STD cases annually and reflects the complexity of challenges, e.g., half of Latino HIV+ gay men test positive for syphilis at some clinics. DHSP is working to improve the piecemeal approach to STD investments and wants community input.
- Mr. Ballesteros said the Consumer Caucus has been helpful in recruiting members and was concerned changing the name could reduce effectiveness. He was also concerned that the seats continue to follow a siloed approach and that the eight seats nominated by provider organizations could favor large institutions over other well-qualified experts.
- Ms. Gantz McKay noted 33% of the body must be unaffiliated consumers as defined by Ryan White legislation as a PLWH or his/her caretaker. "Unaffiliated" means the consumer is not a board member, staff member or consultant at any Ryan White-funded agency. HRSA expects a consumer committee or caucus. Prevention is also concerned to retain focus on their clients, including those with unknown status. Mr. Rosales said the Task Force discussed this and voted for the Consumer Caucus name change to distinguish its role.
- Dr. Younai noted the Standards and Best Practices Committee duties to market standards to non-funded providers and linking to quality management. She emphasized those activities must be a priority to maintain the progress made to date by the Standards of Care (SOC) Committee. Mr. Vincent-Jones said the Community Engagement Task Force will coordinate efforts such as those across all committees.
- Mr. King expressed concern that task force, caucus and work group activities could detract from the main body. Mr. Vincent-Jones noted that those types of working groups offer a less structured way to address particular needs since, while open to the public, they need not follow strict Brown Act regulations. The body will need to manage their number appropriately.
- Milton Smith asked about government co-chairs. He felt representation on other seats was sufficient. Mr. Vincent-Jones said HRSA only prohibits a sole government chair. The structure allows the body to elect whomever it chooses, but there are no specified "government co-chairs."
- Mr. Engeran-Cordova urged letting go of barriers to ending the epidemic including over-attention to structural details.
- Mr. Stewart noted the first purpose of a chair is to facilitate meetings. He cautioned against making too many chair requirements which could limit the ability to meet that key need. Poor chairship leads to chaotic meetings.
- He also recommended lowering required meetings to eight to ensure compliance when unexpected events arise.
- Mr. Vincent-Jones responded to those who felt 51 seats too many by noting the two bodies have significant authority and scope, and seats are not generally all filled. In response to Mr. Pérez' comments, research is represented with a social behavioral/social scientist, a research preference among stakeholder seats, and a Part F seat, e.g., for an AETC. There are also CHC/FQHC and Covered California seats. Seats can be used to foster relationships. Code language aligns efforts with disease clusters.
- Mr. Johnson noted the Commission has added new lenses to the table over time, e.g., more HIV specialists. He urged the Task Force to closely evaluate skill sets, e.g., someone who really understands FQHC structure and processes.
- Mr. Rosales noted two copies of the Code amendments in the packet, one with the amendments incorporated and the other with tracked changes.
- 3.29.010 Definitions: Some definitions were clarified due to different care and prevention use or added for prevention activities, e.g., for the CDC, defining care and prevention planning groups, HIV Prevention Planning Guidance and STDs.
- Some definitions were revised to reflect new activities such as "continuum of HIV care" to "continuum of HIV services" and adding it pertains to "HIV prevention, counseling and testing, and care and treatment" for "those with and at risk of HIV." "Consumer" was expanded to include an "HIV-positive or –negative individual, or caretaker of an HIV-infected minor, who uses HIV services funded by RW, CDC or other funding sources" as distinct from "unaffiliated consumer." There was extensive discussion on "HIV disease."
- 3.29.020 Commission on HIV: This section confirms the name and the abbreviated reference of "Commission."
- 3.29.030 Membership: This section specifies the previously noted membership structure. The Task Force added language to many sections to ensure specific skills, e.g., Section A, for five governmental, health and social service institutions adds "and among them shall be individuals with epidemiology skills or experience and knowledge of Hepatitis C and STDs."
- OA was deleted from Section A as it is often difficult for them to fill a seat, although OA should continue providing updates to the body. OA is reflected under Section B, 2. for the Part B seat, which will encourage OA and DHSP coordination.
- The eight provider representatives, Section H, will be selected "in a manner that ensures geographic diversity and that reflects the various HIV and STD prevalence and incidence epicenters" and represents skill sets, e.g., a CHC or FQHC.

- The HOPWA representative, Section J, represents a first step toward better coordination of planning for housing. The Task Force had initially hoped to integrate housing fully in the planning body. That option was explored with City of Los Angeles partners and it was found not to be feasible now, but discussions with the housing community will begin.
- There are ten skill sets recommended for the eight representatives of the HIV stakeholder community at large, Section K. Representatives might represent one or more of these skill sets.
- Overall, the body is strongly encouraged to nominate candidates "living with HIV disease or members of populations disproportionately affected by the epidemic." It must ensure "its membership fully conforms to RW Part A planning council requirements on representation, reflectiveness and consumer membership and CDC HPG requirements of "Parity, Inclusion and Representation." RW also requires at least one unaffiliated consumer be co-infected with Hepatitis C and one recently incarcerated or an advocate for the incarcerated.
- 3.29.040 Alternate members: This item updates language from "HIV/AIDS" to "HIV disease."
- 3.29.045 Nominations: This confirms a standing operations committee will be maintained to review body composition.
- 3.29.046 Conflict of interest: Language was added to reflect CDC and prevention activities. Both current bodies have existing, detailed documents that will be adapted as needed.
- 3.29.050 Term of service: All members/alternates serve at the pleasure of the Board of Supervisors. Members will be classified by lot to one- or two-year terms before the first meeting of the new body. Thereafter all terms will be two years. Terms are limited to two full consecutive terms unless waived by the Board. Such waivers are common.
- Language was added to reflect practice that all members must submit renewal applications prior to term expiration. Members may serve beyond their terms until the member resigns, is replaced or the seat is vacated by the executive director in consultation with the co-chairs and the operations committee.
- 3.29.060 Meetings and committees: Section A sets Commission meetings at 10 per year. Section B pertains to the executive committee, which sets meeting agendas and conducts business between meetings. Language was added to reflect practice that it is empowered to make decisions between meetings and on behalf of the body in emergency circumstances. It will be composed of the DHSP Director or his/her permanent designee, the Commission Co-Chairs, standing committee co-chairs, and up to three At-Large members elected by the Commission.
- Section C adds language to reflect that, besides Executive and Operations Committees, "the Commission shall establish other standing committees in its bylaws as required to carry out its mission and responsibilities." It is also "entitled to create other working groups, as allowed by its policies and procedures."
- Section D pertains to a semi-annual report to the Board on member attendance at Commission and standing committee meetings.
- Section E allows nomination to and appointment by the Board of non-members to standing committees to add expertise, engage the community "and/or as necessary to meet the requirements of the CDC HIV Planning Guidance."
- Section F designates two Commission Co-Chairs to lead meetings with executive director and staff assistance. It also specifies that the Co-Chairs are elected by the Commission to staggered two-year terms.
- 3.29.070 Procedures: This item affirms that the Commission shall adopt bylaws reflecting other rules and procedures.
- 3.29.080 Compensation: County Counsel was currently updating this section so changes were limited to adding references to CDC funding and guidelines as appropriate. Compensation pertains to reimbursement, services or stipends for various types of travel and other Commission-related expenses per eligibility and utilization procedures.
- 3.29.090 Duties: The preface lists RW legislation, HRSA guidance and CDC HIV Planning Guidance requirements.
- Section A pertains to the comprehensive HIV plan based on the assessment of service needs and gaps including a defined continuum of HIV; monitor implementation; assess effectiveness; and update the plan with DHSP as needed.
- Section B pertains to development of standards for the organization and delivery of care, treatment and prevention.
- Section C adds CDC references to establishing priorities/allocation of funds and associated duties, such as monitoring allocation and expenditures by service category or type of activity; providing and monitoring directives to the grantee on how to best meet the need and other factors of service delivery planning and implementation; and providing assurances to the Board, HRSA and the CDC verifying allocations/expenditures consistent with Commission direction.
- Section D pertains to evaluating service effectiveness and assessing the efficiency of the administrative mechanism.
- Section E is a new section that establishes planning and developing "HIV and public health service responses to address the frequency of HIV infection concurrent with other STDs and co-morbidities" as well as to deploy best practices in the county's STD clinics and related health centers and strategize mechanisms to adapt them to non-HIV specific platforms.
- Section F clarifies language on studying, advising and recommending to the Board, grantee and other departments on "policy(ies) and other actions/decisions" on matters related to HIV.

- Section G is a new section to inform, educate and disseminate information "to consumers, specified target populations, providers, the general public, and HIV and health service policy makers" to build knowledge, capacity and engagement.
- Section H pertains to making reports to the Board, grantee and other departments on HIV-related matters as referred.
- Section I pertains to acting as the planning body for Department of Public Health or County-funded HIV programs.
- Section J pertains to making recommendations to the Board, grantee and other departments concerning the allocation and expenditure of funds other than RW Parts A and B and CDC prevention funds for HIV-related services.
- 3.29.095 Grievance procedure: Language was added to reflect CDC and prevention activities. Both current bodies have existing, detailed documents that will be adapted as needed.
- 3.29.100 Commencement date: The body plans to commence 7/11/2013. Current member terms will then end and new member terms, as nominated and appointed by the Board through an open nominations process, will begin.
- 3.29.110 Sunset review date: The review date is indefinite. The Commission shall continue as long as it is federally funded or upon other order of the Board of Supervisors.
- Mr. Engeran-Cordova complimented the work, but sought to include language such as, "The purpose of this body is to end the epidemic." The treatment cascade estimates PLWH in the United States at 1.1 million, of which 19% have undetectable viral loads (VLs). There are 61,000 PLWH in the County with 26% undedectable. He urged a requirement in law to report to the Board annually on progress, e.g., increases in those who know their HIV status and PLWH with undectable VLs. He also suggested displaying the treatment cascade and progress in meeting goals at every meeting.
- Mr. Vincent-Jones agreed with the content of the suggestion and felt the jurisdiction was moving in that direction. The suggestion is, however, a mission statement. As such, it deserves in-depth discussion. There is a mission statement in the just approved CHP. Any change would also need to ensure consistency with the CHP and Bylaws.
- County Counsel sees the Ordinance as addressing County costs and risks. The Commission tried to add a statement before and it was removed. Launching a suitable community discussion and incorporating results in the Ordinance would inevitably delay the entire process significantly. Likely, it would not be successful if County Counsel resisted it.
- Mr. Rosales said reports are referenced under duties. Mr. Goddard added Standards of Care might develop a scorecard.
- Mr. Chud reported many timeline items are concurrent to achieve a 7/1/2013 body launch at the start of the County's fiscal year and before other issues begin heavily demanding Commission attention. The timeline is as follows:
  1. Present draft Comprehensive HIV Plan for approval, 3/7/2013.
  2. Present planning body unification plan for approval, 3/7/2013.
  3. Present draft Code language and obtain approval to begin revision process with County structure, 3/7/2013.
  4. Provide draft Code language by Mr. Vincent-Jones to County Counsel to begin review process, 3/18/2013.
  5. Develop open nominations for initial members of body: Task Force Work Group prepares plan and process, week of 3/25/2013; Task Force review of tools, week of 4/1/2013; Task Force review and revision of plan and tools, 4/8/2013; PPC and Commission joint meeting approval of plan and tools, 4/11/2013.
  6. Continue Code revision process: Mr. Vincent-Jones works with County offices on Code review, April – June 2013; Messrs. Vincent-Jones and Rosales consult on revisions required by County as needed, April – May 2013; PPC and Commission joint meeting review and ratify near-final draft of revised Code, 5/2/2013.
  7. Hold meetings with Board offices on Code revisions and unified planning body, late April – June 2013.
  8. Implement nominations process: Transitional Nominations Group (TNG) begins implementation, mid-April 2013; TNG presents first group of nominees to Task Force, 5/15/2013; Task Force reviews/approves and forwards first group (target, 26) to Board, late May 2013 or after Board approval of Code; TNG continues identifying/presenting members to Task Force and then to new unified body, August 2013 and beyond as needed.
  9. Prepare draft Bylaws based on approved unification plan: Ms. Gantz McKay prepares draft Bylaws, 3/18/2013; Task Force reviews/revises draft Bylaws, 3/18-19/2013; Ms. Gantz McKay revises Bylaws as directed by the Task Force, 3/31/2013; DHSP submits draft Bylaws to HRSA/HAB Project Officer for review, April 2013; Task Force provides revisions if required by Project Officer, May 2013; PPC and Commission joint meeting provides preliminary approval of Bylaws, 6/13/2013; Commission staff opens proposed Bylaws for one month public comment, June – July 2013; unified planning body approves Bylaws, July 2013 meeting.
  10. Develop new and revised policies/procedures: Ms. Gantz McKay prepares chart of existing or needed policies/ procedures, 4/30/2013; unified planning body reviews, revises, develops policies/procedures, starting July 2013.
  11. Receive approval of Code changes from Board, approval by early June 2013 and in effect 30 days later.
  12. Transition to unified planning body: Board swears in new members and operations begin, beginning of July 2013.
- Mr. Rosales noted the timeline is aggressive and some dates and activities may change due to circumstances.

- Mr. Land was concerned the process would not offer time for the Long Beach and Pasadena Health Jurisdictions to approve representatives for the new body. Mr. Vincent-Jones said current members may re-apply.
- Mr. Pérez requested deletion of the parenthetical notation under the DHSP Director seat that DHSP epidemiology and STD staff will be asked to participate regularly. DHSP staff is increasingly working across subject areas.
- Under Scope of Activities, language listing housing as "co-morbidity" should be revised.
- Refer to Task Force whether the co-chairs of the new body should be limited to community stakeholders.
- Refer back to the Task Force a broader conversation about the Commission's mission as reflected in Motion 2A and that mission's seamless incorporation in the Commission's Ordinance, Bylaws and operating values.

MOTION #2A (*Engeran-Cordova/Land*): Move that the Ordinance require a report on an annual basis no later than the anniversary date of the approval of the Ordinance describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County's residents with indicators to be determined by the Commission on HIV **(*Passed by Consensus*)**.

MOTION 3: Approve the Commission/PPC unification plan, as presented ***(Passed by Consensus)***.

MOTION 4: Approve proposed revisions to County Code Title 3 – Chapter 29, as presented and modified by Motion 2A, and refer to LAC CEO, County Counsel, Auditor-Controller, and other relevant Departments ***(Passed by Consensus)***.

8. LA COUNTY HIV EPIDEMIOLOGY PROFILE:

- Dr. Frye presented the annual Surveillance and Epidemiology of HIV and AIDS in Los Angeles County Report.
- There were 50,000 diagnoses in the United States in 2011 for an incidence rate of about 19.1. The California rate is 18.1.
- Los Angeles data, 1992-2012, for annual diagnosis of AIDS, HIV infection and HIV-related deaths show a downward trend after initiation of names-based reporting in 2006-2007. 2009-2012 are only preliminary data due to reporting delays.
- Cumulatively, most were diagnosed in their 30s, but in 2011 most were in their 20s. Those in their 50s also increased.
- Perinatal diagnoses have dropped due to opt-out testing and antiretroviral (ART) medication for pregnant women. There were no diagnoses in 2011 or 2012. The law is being changed to improve monitoring, but progress is clear.
- For the first time, the national system reports data from all 50 states which permits national-local data comparisons. The 2008-2011 United States gender distribution is 79% male and 21% female, with males up slightly and females down. The County 2007-2012 distribution is 89% male, 10.5%-11% female and 2% transgender. Those numbers are fairly stable.
- United States diagnoses by race/ethnicity reflect about 45% African-American (A-A) followed by whites. Latinos are predominant in the County with A-A and whites at 22%-23% and A/PI at 2%-4% and American Indians (AI) at less than 1%. Country of origin data is available for Latinos and A/PI.
- United States diagnoses by gender and race/ethnicity: males – 42% A-A, 30% white, 23% Latino, 2% Asian, 2% Pacific Islander; females – 63% A-A, 17% white, 17% Latino, 1% Asian, 1% Pacific Islander. County data for 2011 is: males – 46% Latino, 25% white, 22% A-A, 5% Asian, <1% AI; females – 48% Latino, 37% A-A, 11% white.
- United States rates reflect A-A males are highest at 113 per 100,000 with Latinos next highest at 43.4. A-A females are highest at 40. In the County, A-A, AI/AN men have about the same rate, but numbers are small, resulting in unstable rates. A-A females in the County are about half those nationally though higher than other ethnicities. Rates are declining among A-A men. While data is preliminary, that appears to be a trend.
- National transmission categories, 2008-2011, reflect MSM increasing from below to above 60%. Heterosexual contact is at 31%-32%, Injection Drug Use (IDU) at 8%-10%, and MSM/IDU at 2%. County transmission categories, 1996-2011, reflect MSM declining from 78% and then increasing again to 85%. Heterosexual contact cases are just 9%, and MSM/IDU at 3%.
- National transmission categories by sex, 2010, reflect males at 67% MSM, 14% IDU, 11% heterosexual contact and 7% MSM/IDU. Females are 72% heterosexual contact and 25% IDU. County transmission categories by sex, 2011, reflect males at 94% MSM, 3% MSM/IDU, 2% IDU, and 1% heterosexual contact. Females are 84% heterosexual contact and 16% IDU.
- County diagnoses, 2009-2011, by zip code and SPA, continue to reflect metro and Long Beach concentrations.
- The total estimated PLWH in the County is approximately 58,000 with 45,500 reported cases, 10,500 estimated unaware per the CDC estimate of 18.1% and an estimated 2,000 of the 4,200 notifications backlog. Total reported PLWH in 2011 are 872,990 nationally, 117,695 in California and 45,474 in the County or about 5% of the total and 40% of California. There is a steady increase in County PLWH, but it is lower for those with AIDS, indicating fewer are being diagnosed with AIDS.
- Current age of PLWH in the County reflect that a major percentage are older than 40. Of those whose current age is 50 or over, 48% have been diagnosed with AIDS, and 39% are living with HIV.
- Proportion of County PLWH by race/ethnicity and sex, 2011: white – 94% male, 5% female; A-A – 80% male, 20% female; Latino – 88% male, 12% female; A/PI/AI/AN – 91% male, 8% female. AI/AN is the smallest race/ethnicity population at 212,

but have high incidence rates so data was addressed separately: male 87%, females 13%; 57% are 30-49 years old, 32% are 50+ and <30 are 11%; 64% are MSM, 18% are MSM/IDU, 6% are IDU and 12% are heterosexual contact.

- County prevalence by race/ethnicity, 2011, includes A-A at 998 per 100,000. By race/ethnicity and sex prevalence rates include males, 1,698 and A-A males, 1,382. The highest rate among females is for A-A at 368.
- Those diagnosed in the County in 2011 compared to those living with HIV reflect more Latinos, A/PI, A-A and fewer whites. By transmission, there are more MSM while MSM/IDU, IDU and heterosexual contact are lower.
- The Indicators of Treatment section is new and will be incorporated in the Annual Surveillance Summary.
- Treatment cascade data is for those diagnosed as of December 2009 and living as of December 2010. For estimated PLWH, 92% of cases were reported, 65% were linked to care within three months, 54% had at least one VL, 46% were retained in care (2 VLs at least three months apart), and 43% were suppressed with a VL of <200. For only reported cases, 79% were linked to care within three months, 66% had at least one VL, 56% were retained in care (2 VLs at least three months apart), and 52% were suppressed with a VL of <200. Dr. Frye noted 80% of those with just one VL had a suppressed VL.
- There is little difference between males and females, but younger people are not faring as well, e.g., the lowest percentage of viral suppression by age is among those aged 13-24. By race/ethnicity, A-A have the lowest suppression rate. By transmission category, IDU do the least well overall, while MSM/IDU do the least well in getting linked to care.
- Dr. Frye also reported the Los Angeles County Transgender Population Estimates 2012 is on the DHSP and HIV Epidemiology websites. Mr. Vega-Matos and Dr. Trista Bingham are co-authors with input from four reports and the transgender community.
- There are an estimated 14,429 transgender people in the County (range 7,214 – 21,642). There are 7,214 men with an HIV prevalence rate of 0.6% and 7,214 women with an HIV prevalence rate of 15.1%. Prevalence by race/ethnicity is: 48.3% A-A, 26.9% NA, 17.1% Latinas, 4.6% whites and 3.7% A/PI.
- Mr. Giugni asked about transmission categories for males in the County in 2011, reflecting 94% MSM, but no non-identified. Dr. Frye replied non-identified risk has declined from up to 35%. It is now closer to the CDC goal of 15%. Partly that is due to fewer cases reported with no identified risk, possibly because people are more comfortable reporting risks. A CDC methodology is used to impute risk for the remaining non-identified risk.
- Dr. Younai noted that Treatment Cascade, by age, shows those aged 64+ have the highest suppressed rate. That is remarkable as they are more experienced and theoretically would have more medication side effects. Dr. Frye replied they may not do better on medications than others, but are linked to care faster and retained in care better. The data deserves more study.
- Mr. Brown asked about reflecting ART in the Cascade. Dr. Frye said Dr. Amy Wohl does the Medical Monitoring Project (MMP) and developed a slide with ART estimates based on MMP data. Surveillance data does not include treatment. The one or more visits indicated by VL was added as the CDC appears likely to eventually include that indicator.
- Mr. Engeran-Cordova noted the DHSP and HIV Epidemiology Treatment Cascade iterations vary, e.g., with labels and one that included retained in care and on ART, which was higher than retained in care. Dr. Frye replied this was the latest DHSP iteration. Labels and the column for 1 VL were added while the ART column was removed due to lack of data. Some cascades reflect RW clients only and will vary from general population estimates. All data is subject to variance. Data also improves over time as laboratory reporting with the most current residence and compliance with treatment improve.
- Mr. Engeran-Cordova felt it was important to establish consistent markers to track trends over time. Mr. Pérez said it remains important to realize that different iterations reflect different populations, e.g., the general population versus those receiving RW care. Planning needs to be able to distinguish results among systems of care and even clinics.

➲ Staff will distribute the color PowerPoint version by email. The packet copy was not in color due to technical difficulties.

9. **JOINT PUBLIC POLICY (JPP) COMMITTEE REPORT**:

A. AB 249 (Leno) Public health records: confidentiality:

- Mr. Fox reported this addresses public health record confidentiality and sharing data, especially regarding new systems of care being created under the Affordable Care Act (ACA), such as qualified health plans in Covered California, Medi-Cal and the Medi-Cal Bridge Program. The intent is to ensure a smooth transition from RW, including ADAP, to new systems of care. It was sparked by transition problems experienced in RW migration to the LIHPs.
- Sponsors are: San Francisco AIDS Foundation, Project Inform, California Bar Association, AIDS Legal Referral Services, LAGLC and Transgender Law Center with work by their senior pro bono attorney.
- Co-sponsors are working with the author, the Department of Public Health (DPH) and OA. They are providing excellent technical assistance to legally ensure data shared by DPH remains confidential, with penalties in current law for any breach, and a confidentiality agreement signed by any health plan requesting data.

MOTION 5: Support AB 249/Leno (Public health records: confidentiality), and forward recommendation to the Board of Supervisors, CEO, DPH, and other relevant departments, as appropriate ***(Passed by Consensus of the Commission; no PPC quorum; 3 Abstentions)***.

B. AB 299 (Holden) Pharmacy:

- This bill is in response to Anthem's attempt to move many of their clients in California and other states to mail order only pharmacy access for specialty medications. That could be a barrier to PLWH.
- Dave Jones, Insurance Commissioner, Department of Insurance, California began collecting data and consumer stories about problems. AIDS Health Foundation (AHF), LAGLC, Sacramento Care and Desert AIDS Project advocated for Department of Insurance involvement and a consumer watchdog agency filed a lawsuit against Anthem.
- Kamala Harris, Attorney General, eventually stated she felt the practice was not legal and Anthem backed down.
- This bill stops any future attempts by prohibiting a pharmacy from entering a contract with a health plan that would force its beneficiaries into mail-order pharmacy or opt-out mail-order pharmacy services. Opt-in services remain legal.
- Mr. Land asked if the bill would apply to health exchanges. Mr. Fox said it applied to any non-resident pharmacy, e.g., a pharmacy outside the State, or pharmacy in California that delivers prescriptions via mail.

MOTION 6: Support AB 299/Holden (Pharmacy), and forward recommendation to the Board of Supervisors, CEO, DPH, and other relevant departments, as appropriate ***(Passed by Consensus of the Commission; no PPC quorum; 3 Abstentions)***.

C. SB 323 (Lara) Tax exemptions: prohibited discrimination:

- Senator Ricardo Lara, a member of the LGBT Caucus, authored this "Boy Scout Bill." It withdraws Sales and Use Tax Law exemption status if a public charity youth organization discriminates on the basis of sexual orientation or gender identity in addition to prior listed populations. JPP addressed the bill since stigma and discrimination increases HIV risk.
- Ms. Jackson, AHF, recommended and JPP agreed to request that the author add health status and disability to prohibited discrimination. Those additions will better address the needs of PLWH.

MOTION 7: Support SB 323/Lara (Tax exemptions: prohibited discrimination), with a recommendation to author to include "health status" and "disability" as prohibited forms of discrimination, and forward recommendation to the Board of Supervisors, CEO, DPH, and other relevant departments, as appropriate ***(Passed by Consensus of the Commission; no PPC quorum; 3 Abstentions)***.

D. AB 446 (Mitchell) HIV testing:

- Mr. Engeran-Cordova, AHF, reported this bill centers on the concept that every emergency room and urgent care center should have routine opt-out HIV testing. The bill also broadens simple consent from medical settings, as initiated in legislation a few years ago, to all covered settings, so that written informed consent will no longer be required. It changes law to permit a patient to receive his/her test results via a secure website. AHF is sponsoring the bill.
- Routine testing is a JPP priority this year and the Commission has approved support for this bill so there is no motion.

E. AB 506 (Mitchell) HIV testing: infants: This bill is sponsored by the County Department of Health Services. It authorizes a social worker or treating health care provider to provide consent for an HIV test for infants under one who are wards of the court and receiving medical care. The bill is sponsored by the County (Department of Health Services), so no motion is warranted.

F. Miscellaneous:

- Mr. Fox noted AB 336 (Ammiano): Prostitution: evidence would make it illegal to use condoms as evidence for prostitution. New York has tried to pass such legislation for 10 years and hopes passage here would assist them. A Human Rights Watch study of Los Angeles, San Francisco, New York and Washington, D.C. found common use of condoms for detention or arrest.
- The bill has been introduced in the Legislature and has support from the Mayor's Office, various sex worker groups and LGBT groups. There is no motion, as the Commission already has a support position.
- Mr. Engeran-Cordova reported AB 332 (Hall): Adult Films has been introduced. Hearings will begin in the Arts and Entertainment Committee in about a week.
- Mr. Pérez noted DHSP staff would abstain on legislative motions as the County had not yet taken a position on the bills.

10. ANNOUNCEMENTS: Ms. Cruz expressed the LA Family AIDS Network (LAFAN) concern that the advent of Medical Care Coordination (MCC) will undercut provision of psychosocial case management needed to maintain people in care.

11. JOINT MEETING ADJOURNMENT:

A. PPC Roll Call (**Present)**: Carlos-Henderson, Fox*, Michael Green, Gutierrez, King, Rosales, Rumanes, Milton Smith, Terry Smith

MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting minutes from January 10, 2013, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve the LA County 2013-2017 Comprehensive HIV Plan, as revised from Public Comment and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #2A (*Engeran-Cordova/Land*): Move that the Ordinance require a report on an annual basis no later than the anniversary date of the approval of the Ordinance describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County's residents with indicators to be determined by the Commission on HIV.	***Passed by Consensus***	**MOTION PASSED**
MOTION 3: Approve the Commission/PPC unification plan, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 4: Approve proposed revisions to County Code Title 3 – Chapter 29, as presented and modified by Motion 2A, and refer to LAC CEO, County Counsel, Auditor-Controller, and other relevant Departments.	***Passed by Consensus***	**MOTION PASSED**
MOTION 5: Support AB 249/Leno (Public health records: confidentiality), and forward recommendation to the Board of Supervisors, CEO, DPH, and other relevant departments, as appropriate.	***Passed by Consensus of the Commission (no PPC quorum)*** ***Abstentions:*** Frye, Vega-Matos, Pérez	**MOTION PASSED** **Abstentions**: 3
MOTION 6: Support AB 299/Holden (Pharmacy), and forward recommendation to the Board of Supervisors, CEO, DPH, and other relevant departments, as appropriate.	***Passed by Consensus of the Commission (no PPC quorum)*** ***Abstentions:*** Frye, Vega-Matos, Pérez	**MOTION PASSED** **Abstentions**: 3
MOTION 7: Support SB 323/Lara (Tax exemptions: prohibited discrimination), with a recommendation to author to include "health status" and "disability" as prohibited forms of discrimination, and forward recommendation to the Board of Supervisors, CEO, DPH, and other relevant departments, as appropriate.	***Passed by Consensus of the Commission (no PPC quorum)*** ***Abstentions:*** Frye, Vega-Matos, Pérez	**MOTION PASSED** **Abstentions**: 3

COMMISSION MEETING

1. **CALL TO ORDER**: Mr. Johnson opened the meeting at 12:45 pm.

A. Roll Call (**Present)**: Aviña, Bailey, Ballesteros, Barrit, Brown, Engeran-Cordova, Fox*, Joseph Green, James, Johnson, Kelly, Kochems, Liso/Chud, Land, Jesse Lopez, O'Malley, Palmeros, Pérez, Rios, Spencer, Vega-Matos, Younai

2. **APPROVAL OF AGENDA**: The agenda was accepted.

3. **PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP**: There were no public comments.

4. **COMMISSION COMMENT, NON-AGENDIZED OR FOLLOW-UP**: There were no Commission comments.

5. STATE OFFICE OF AIDS (OA) REPORT: There was no report.

6. DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT:

- Mr. Pérez, Director, reported DHSP continues to work with providers and the CaseWatch administration to improve electronic records transfer. CaseWatch has been programmed to verify MCC eligibility, but some provider links are not active yet.
- Non-medical case management is being extended for ten agencies that lack both MCC and medical care. Some of their patients have medical care elsewhere while others have no identified medical care. DHSP will work with providers to identify a medical home for patients or, if they have a medical home, to connect it with MCC.
- DHSP is working to deploy Linkage to Care (LTC) to assist agencies in connecting patients. The Standards of Care (SOC) Committee is developing the LTC Standard of Care now. There have been two Expert Review Panels, with two more planned.
- Mr. Engeran-Cordova asked if there was a new RFP schedule to review. Mr. Vincent-Jones replied a list was only available briefly some time ago. DHSP does report regularly at SOC, usually via Mr. Vega-Matos, and there was recently an extensive conversation at the Priorities and Planning (P&P) Committee. The schedule is fluid due to the scope of ongoing changes.
- Mr. Brown asked about the impact of the sequester. Mr. Pérez replied DHSP has received notices from HRSA and CDC and what appears to be a canned message from HHS regarding a 5% cut. Estimates range from 5% to 5.3%, or about $4.7 million, in cuts to all federal funds managed by DHSP, not to HIV funds alone.
- Mr. Land expressed concern about launching Phase III of the Oral Health expansion when funding is uncertain. Mr. Pérez replied DHSP will continue to closely monitor all funding issues before making any recommendations. DHSP will also review the Commission's funding scenarios. So far, DHSP has received a Notice of Grant Award for 40% of the RW Part A grant. He felt services would probably not be impacted. Mr. Vincent-Jones added P&P will continue to review all aspects of funding.
- Mr. Vega-Matos noted last year the Commission adopted an extensive plan with nine funding scenarios for various grant funding levels and savings from migration to LIHP. Mr. Vincent-Jones added the key question is where levels are as the Commission moves into FY 2014 Priority- and Allocation-Setting (P-and-A). Mr. Engeran-Cordova felt the County was sophisticated enough to address sequester issues especially as the sequester will roll out over time, providing the opportunity to adapt.
- Ms. Jackson said AHF continues to protest the roll-out of Outpatient Ambulatory Medical (OAM) Fee-For-Service (FFS) contracts, especially since it creates a 10-month cost reimbursement year and a 2-month FFS year. AHF received a contract the previous Friday to be signed the upcoming Tuesday. She felt contracting overall is poor and urged development of an RFP schedule.

7. STANDING COMMITTEE REPORTS:

A. Priorities & Planning (P&P) Committee:

1. ***FY 2014 Priority- and Allocation-Setting***:

- Mr. Land noted P&P reviewed Paradigms and Operating Values and chose to affirm its existing choices.
- Commissioners were asked to fill out their pledge sheets affirming support for the process. Staff will pick them up.

MOTION 8: Approve FY 2014 Priority- and Allocation-Setting Paradigms and Operating Values, as presented ***(Passed by Consensus)***.

2. ***FY 2012 Financial Expenditures***: The presentation was postponed due to time constraints.

B. Standards of Care (SOC) Committee:

1. ***Optometry Standard of Care***: The name was changed from Vision Services to better reflect offered services.
MOTION 9: Approve the Optometry Standard of Care, as revised from public comment and presented ***(Passed by Consensus)***.

C. Operations Committee: Joseph Green and Ms. O'Malley were elected Operations Committee Co-Chairs.

1. ***Member Nominations***: Ms. O'Malley noted Mr. Kelly is moving from the Alternate to Consumer SPA 7 seat. Mr. Sterker offers 39 years of public health experience and the first voice on the Commission representing labor.
MOTION 10: Nominate Harold Sterker for the Board Office District 2 seat and David Kelly for the Consumer SPA 7 seat, and forward to the Board of Supervisors for appointment to the Commission on HIV ***(Passed by Consensus)***.

2. ***Membership Recruitment***:
MOTION 11: Suspend Commission on HIV membership recruitment and nominations until membership recruitment/ nominations begins in preparation for a unified planning body (Commission and PPC) ***(Passed by Consensus)***.

8. COMMISSION COMMENT: There were no comments.

9. **MEETING ADJOURNMENT**: Mr. Johnson adjourned the meeting at 1:40 pm.

A. Roll Call (**Present)**: Aviña, Bailey, Ballesteros, Barrit, Brown, Engeran-Cordova, Fox*, Joseph Green, James, Johnson, Kelly, Kochems, Liso/Chud, Jesse Lopez, O'Malley, Palmeros, Pérez, Rios, Spencer, Vega-Matos, Younai

MOTION AND VOTING SUMMARY		
MOTION 8: Approve FY 2014 Priority- and Allocation-Setting Paradigms and Operating Values, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 9: Approve the Optometry Standard of Care, as revised from Public Comment and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 10: Nominate Harold Sterker for the Board Office District 2 seat and David Kelly for the Consumer SPA 7 seat and forward to the Board of Supervisors for appointment to the Commission on HIV.	***Passed by Consensus***	**MOTION PASSED**
MOTION 11: Suspend Commission on HIV membership recruitment and nominations until membership recruitment/nominations begins in preparation for a unified planning body (Commission and PPC).	***Passed by Consensus***	**MOTION PASSED**